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ABSTRACT

The Remaining Off Alcohol and Drugs Program (ROAD) was developed to teach newly abstinent chemical misusing clients how to remain alcohol and drug free. It provides its participants with a repertoire of knowledge, skills and behaviors that they can use in dealing with the most common problems caused by discontinuing chemical use and which can be generalized to correct coping deficits which may have maintained chemical misuse previously and which could lead to breakdowns in the commitment to remain off alcohol and drugs. The ROAD Program is an education and training package consisting of six weekly sessions. The program takes a behavioral self-management approach to the goal of remaining off alcohol and drugs. Through the use of its workshop or seminar format it provides the participant with knowledge and skills to develop new attitudes supportive of abstinence, to set new long- and short-term goals for personal change, to monitor and reinforce the changes made and to acquire alternative coping and problem-solving skills. Components of the sessions focus on these topics: (1) attitudes of recovery; (2) craving control techniques; (3) stress and relaxation; (4) controlling upsetting emotions; (5) social support for recovery; and (6) relapse prevention. The ROAD Program has been offered for about three years and on the basis of the numbers of people who attend its sessions, is a very popular format for delivering services. (ABL)

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REMAINING OFF ALCOHOL AND DRUGS: A SELF-MANAGEMENT SKILLS PROGRAM FOR ABSTINENCE

by

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A paper presented at the annual conference of the Canadian Guidance and Counselling Association, Halifax, Nova Scotia, May 24, 1991.

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REMAINING OFF ALCOHOL AND DRUGS: A SELF-MANAGEMENT SKILLS PROGRAM FOR ABSTINENCE

Introduction

This paper describes a program which I developed to teach newly abstinent chemical misusing clients how to remain alcohol and drug free. The Remaining Off Alcohol and Drugs Program, usually referred to by its acronym "R.O.A.D.," provides its participants with a repertoire of knowledge, skills and behaviours they can use in dealing with the most common problems caused by discontinuing chemical use and which can be generalized to correct coping deficits which may have maintained chemical misuse previously and which could lead to breakdowns in the commitment to remain off alcohol and drugs.

The paper will describe the situation in which the chemical misuser finds him or herself on discontinuing instrumental chemical ingestion and the rationale for the R.O.A.D. Program. It will go on to summarize the content of the various components of this program and describe some of the techniques used to facilitate participant learning and personalization of the program content.

I developed the R.O.A.D. Program at the Ridgewood Treatment and Rehabilitation Center at Saint John, New Brunswick. a facility of the Alcoholism and Drug Dependency Commission of New Brunswick. The R.O.A.D. Program has become an important component of Outpatient there.

The R.O.A.D. Program, as it deals only with the problem of initiating abstinence, is not a total or comprehensive program of therapy or rehabilitation. It is intended to serve as one part of a therapeutic effort addressing all factors, problems and issues of chemical dependency recovery.

Abstinence and Recovery in Chemical Misuse

Abstinence, remaining off alcohol and drugs, is a requirement at some point in virtually all therapeutic modalities for clients with life adjustment problems related to their use of mood-altering chemicals. This requirement may be lifelong, or for a period early in the therapeutic effort, to facilitate the acquisition of more adaptive skills and attitudes or the avoidance of specific substances in specific situations, depending on the therapeutic "vision" of the problem.

Although the abstinence requirement is widespread, specific approaches to teach the alcohol or drug troubled person to remain off alcohol and drugs are not. What help is given usually involves no more than a few hints or guidelines, such as, avoiding persons and places

formerly closely associated with drinking or drug use. They do not address any of the difficulties that tend to arise for the ex-user when chemical use is halted or provide dependable, achievable alternatives to respond to situations which have become habitually associated with chemical use for the person, nor do they provide much in the way of positive activities which could help him or her realize the decision to remain off alcohol and drugs over the long term.

There is more to alcohol and drug problems than the substance consumed and its pharmacological effects on the physical and mental health and its negative fallout for the user and those close by. There is also more to remaining off alcohol and drugs than walking away from the chemicals-of-choice and "living happily ever after." And "willpower" has nothing to do with it.

The person I refer to as the chemical misuser is any person who uses any mood-altering substance to facilitate the execution of one or more of the functions of everyday life. The functions of everyday life are those changes and adaptations which are not outside the range of normal human experience and for which the majority of the maturely functioning popuiation not only do not use alcohol and drug in these situations, but actually eschew such use. Such experiences involve, but are by no means limited to, having a sense of self-worth, feeling in control of various aspects of one's environment, developing a sense of intimacy with significant others, the relief of physical and emotional discomfort, participating in positive social interaction, problems at work, engaging in sexual activity, relieving the wear and tear of daily life; the list is virtually limitless.

The chemical misuser sincerely believes that in order to approach, deal with or tolerate such experiences, he or she must "feel like it." "Feeling like it" requires the mood he or she further believes is only available through the consumption of a specific amount of his or her chemical(s)-of-choice. Without it he or she "can't stand it." On the other hand, other persons in these situations draw on a wide range of more practical, adaptive and available alternatives.

Use of the mood-altering substance brings about an alteration in normal neurotransmitter activity in the consumer's brain. Moods are a product of specific types and levels of neurotransmitter action. Thus, when there is an alteration in such activity through drinking of drug use, new and different, and often "better" moods, are produced. The chemical misuser can be said to self-induce desirable moods at his or her own convenience through the chemical consumption. He or she can make him or herself "feel like it" quickly, easily, effortlessly, and for a time at least, reliably. It can easily become a habitual response to a wide range of positive and negative mundane experiences. And it make it less likely for the user to become aware of or to adopt any of the more warranted alternatives, while at the same time replacing whatever non-chemical coping skills he or she may have had.

This description of the chemical misuser does not depend, as do many other definitions of chemically-troubled persons, on the substance(s) used, its legal status, or on the presence

of unanticipated, unwanted and troublesome consequences. What is important here is not what happens when he or she uses a specific substance, but what does he or she expect and believe the substance will do in the given situation--whether it turns out that way or not.

Most maturely functioning adults learn effective problem solving skills and adaptive responses to a wide range of life situations through the natural process called "growing up." These skills are learned, largely, through the imitation of adequate models and mentors in early childhood and adolescence.

On the other hand, the chemical misuser may never have been exposed to such models in early life in their families or peer groups. The development of these skills may have been arrested or retarded through the development of the chemical dependency, or its progression may have led to deterioration of any existing adaptive skills. For whatever reasons for such inadequacies in coping ability and problem solving, the chemical misuser concludes that chemical coping is "as good as it gets" and its use becomes generalized to an increasing range of situations in life in which one must "feel like it" to cope and without which "coping" seems less and less possible for him or her.

For the person to whom the instrumental use of some mood-altering substance becomes necessary and purposeful to suppress or enhance certain emotional states and to inhibit or enhance certain patterns of behaviour, the requirement or imposition of a period of abstinence, irrespective of its proposed length, can be a daunting prospect indeed. The chemical misuser can feel overwhelmed in a world he or she now is even less well equipped to handle that while still actively consuming mood-altering substances, the only thing that made any coping possible. He or she is now cut off from the primary source of relief, avoidance of pain and discomfort, of pleasure and comfort, a sense of self-esteem, a sense of control, and other perceived benefits of the chemical use, benefits which others derive from their relationships with other people in their lives. The newly abstinent chemical misuser typically lacks that sort of relationship with people. He or she depends on the quick and easy production of such benefits from chemical use rather than effort and responsibility that healthy human relationships require.

In remaining off alcohol and drugs, the chemical misuser suffers the loss of the chemical comfort and its perceived benefits. He or she, on the other hand, is left with habits, attitudes and relationships which may have initially precipitated the instrumental use pattern at the outset of use and/or which may have developed to maintain this use pattern as his or her chemical use continued.

From the perspective of remaining off alcohol and drugs, the habits, attitudes and relationships which have been maintaining recent use are more relevant than are the older issues of why he or she began instrumental chemical use in the first place, as they may no longer be relevant factors in the person's life. Current maintaining factors also are usually those which are involved in breakdowns of the decision to remain off alcohol and drugs and for any future drinking or drug use episodes.

In helping the chemical misuser to remain off alcohol and drugs--as distinct from "getting the rest of one's life going," a goal of longer term recovery and rehabilitation--it is useful to consider drinking and drug use as a behaviour pattern which, as are other more respectable behaviours, is maintained by certain factors or events in the user's life that occur soon before a chemical use episode begins, or soon after it has begun. The focus for the R.O.A.D. Program is on those factors which have most recently maintained the chemical misuser's use pattern and these are the factors addressed in this program.

The Newly Abstinent Chemical Misuser

Once the chemical misuser has decided to remain off alcohol and drugs and has weathered the acute withdrawal which accompanies the discontinuation of chronic chemical misuse, he or she still thinks, feels and acts the same way as in the active use phase. Stopping alcohol or drug use does not, by itself, eradicate or change any of the habitual and over-learned belief, attitudes or behaviour patterns which have recently maintained the chemical misuse pattern. These old patterns remain and affect the individual's behaviour to the extent that he or she may be accused by persons who knew him or her in the active phase of using chemicals when, in fact, he or she has been abstinent.

The newly abstinent chemical misuser presents the following typical profile.

1. A "victim" self-image. He or she believes that external conditions or previous personal history "makes" him or her think, feel or behave in certain ways which he or she is powerless to change.

2. Low frustration tolerance. He or she believes that life should be always instantly gratifying, interesting, entertaining and that there should never, under any circumstances, be any disappointment, discomfort or frustration. Should any of these expectations not be met, he or she is entitled to instant relief, preferably through mood-altering chemicals.

3. Habitual association of instrumental chemical use with specific locations, experiences and persons. Many of these situations are everyday experiences which "remind" him or her of past positive chemical use experiences, usually in the form of cravings.

4. A social network of significant others who have tried to manage or control the active chemical use or to manage its negative outcomes. These people have made themselves responsible for the chemical misuser's chemical use and ultimate recovery. In doing so, they have enabled the chemical use to recovery and are potential saboteurs of the recovery effort.

5. A network of active drinking and drug using associates who have become his or her primary peer group and who can be a source of pressure to renege on the decision to remain off alcohol and drugs. This can take the form of persistent chemical offers,

manipulation by demanding reasons and excuses, teasing and joking about chemical use and recovery, flaunting their own use, or otherwise undermining the effort.

6. A belief that he or she will be unable to remain off alcohol and drugs unless life goes perfectly well, he or she is treated by others with total fairness and approval and that life is frustration-free.

7. A belief that at some future time he or she will be able to resume chemical use that will be trouble-free or "normal." This results in maintaining contact with the chemically-centered lifestyle and places and people related to it and to the periodic testing of personal control to see "if it's time yet."

8. Possible breakdowns in the initial commitment to remain off alcohol and drugs which are accompanied by feelings of guilt, hopelessness, helplessness and other self-defeating beliefs and emotions which tend to prolong chemical use, create negative consequences and discourage other attempts at abstinence and recovery.

The R.O.A.D. Program has been designed specifically to help the newly abstinent person to deal constructively and adaptively with these factors and to replace them with knowledge, attitudes and skills to increase the possibility of his or her remaining off alcohol and drugs.

The R.O.A.D. Program in Overview

The R.O.A.D. Program is an education and training package consisting of six weekly sessions. Each session is two hours long and is self-contained and independent of every other one. This makes it possible for a person to enter the program at any point and then to continue until he or she attends all six, or for someone with a specific need or interest in a particular topic area, to attend only that session. The program is offered on a continuously rotating basis throughout most of the year. This makes it possible for participants who miss a session in one cycle to pick it up in a later one.

The R.O.A.D. Program takes a behaviourial self-management approach to the goal of remaining off alcohol and drugs. Through the use of its workshop or seminar format, it provides the participant with knowledge and skills to develop new attitudes supportive of abstinence, to set new long and short-term goals for personal change, to monitor and reinforce the changes made and alternative coping and problem-solving skills.

The typical R.O.A.D. Program sessions opens with a brief discussion on the subject area and its role in maintaining chemical use and its potential hazard to remaining off alcohol and drugs. This is followed by the presentation of skills training in three or four techniques for responding to the problem area adaptively and without chemicals. Where practical, the class is "walked through" the techniques in a training exercise. The subject matter is personalized by the participant completing one or more pencil and paper exercises. This

helps him or her to develop a personal strategy to integrate the techniques into everyday life. To help with this integration process, the participant is provided with one-page "recipes" for the techniques presented. There is no formally assigned homework because of the self-contained design of each week's class.

It should be noted that the R.O.A.D. Program does not contain any diagnostic elements to help a person decide whether or not he or she has an alcohol or drug "problem." Nor is it a "drug education" package. Any information on the effects of mood-altering substances on human health or functioning is limited to what is relevant to any specific session.

The target population of the R.O.A.D. Program is the individual who has recently decided to remain off alcohol and drugs for whatever reason and who wants to learn how to do it and to begin to make the changes for recovery. Others at various stages in the recovery process, such as those who are involved in a range of professionally based and self-help recovery programs who wish to change specific behaviour patterns, those who have been abstinent for extended periods who wish "booster sessions" and those who have experienced a breakdown in their abstinence and who wish to re-establish it, also find the program helpful. The R.O.A.D. Program is not helpful for the individual who does not see his chemical use to be troublesome though others might. This person would need more of an educational approach about consequences of chemical use and the relationship of any life problems he or she may be having to chemical use. Following that, the R.O.A.D. Program might be beneficial.

A brief summary of the content of each R.O.A.D. Program session follows. As each session is self-contained, they can be offered in any order the facilitator chooses. Or they can be interspersed with sessions on other relevant areas of overall recovery. I list them here in the order I choose to present them.

R.O.A.D. Program Session Content

Attitudes for Recovery

Newly abstinent chemical misusers hold four attitudes detrimental to remaining off alcohol and drugs which need to be replaced to facilitate recovery. These attitudes are: (1) lack of personal responsibility for choices of behaviour and action; (2) beliefs that past lack of success in remaining off alcohol and drugs predict future failures to do so; (3) low frustration tolerance and (4) beliefs that remaining off alcohol and drugs depends on how well one's life is going.

This session begins with a discussion of the need for "willingness, capability and self-confidence" if one is to be able to change. Beliefs and attitudes which interfere with these conditions for change are also examined. The development and maintenance of such attitudes is discussed and a method of developing new attitudes through the regular

repetition of new belief statements is presented.

Using the repetition technique, participants are presented with four new belief statements more conducive to remaining off alcohol and drugs. These involve: (1) the taking of personal responsibility for all decisions and their natural consequences, especially in regard to remaining off alcohol and drugs; (2) acceptance that, while one cannot prevent the interaction of mood-altering substances with the brain and its natural consequences, one is able to keep such chemicals out of his or her body in the first place; (3) that one becomes an active participant in all areas of one's life--physical, mental, social and spiritual and (4) that one can remain off alcohol and drugs regardless of what else is happening in one's life.

Techniques such as choosing outcome goals for remaining off alcohol and drugs, visualization of achievement of specific goals and choosing new leisure activities help build on and reinforce the new attitudes.

Craving Control Techniques

Alcohol and drug use is goal-directed behaviour instrumental in suppressing or enhancing specific emotional states or in facilitating or inhibiting specific behaviour patterns. Such instrumental use often becomes habitually associated with specific situations, events or conditions through repeated use. Encounters with these or similar stimuli, after remaining off alcohol and drugs, can elicit strong reminders of past use and positive outcomes. These are commonly referred to as "cravings" which many newly abstinent persons find troublesome and anxiety provoking, especially in the early months of recovery.

This session opens with a lecturette on the development of habits and the "vacuum" that is created when one "breaks" a habit. Familiar settings evoke memories and an urge to repeat the old pattern. When the old behaviour is not forthcoming, it feels "wrong" not to do it. When this occurs in a situation in which the person is not sure what to do, anxiety can build.

Such anxiety is usually the product of unrealistic beliefs about either the situation or the craving experience. It usually includes forecasting of dire results if the craving is not yielded to. In the case of cravings for mood-altering substances, unrealistic beliefs that the craving will continue to intensify ultimately producing a "breakdown" of some sort are common.

The craving experience consists of a personalized constellation of physical, thought and emotional "symptoms" which occur simultaneously. In the natural course of a craving experience, that is one not distorted by upsetting thoughts, it will intensify to a point and then diminish in intensity on its own. The whole experience lasting about 30 minutes on average.

The participant learns several techniques to take advantage of the craving experience's natural, wave-like pattern. These include identifying one's own pattern of craving symptoms as well as the "hot spots" in which they are most likely to occur; to delay any decision about chemical use for 30 minutes until the craving is subsiding on its own and to apply techniques taught in other R.O.A.D. Program sessions to eliminate the physical craving symptoms, for example, through relaxation techniques and upsetting thoughts and feelings with more realistic self-statements. These are followed by a process of "thinking it through" by which the participant learns to look at all the consequences, positive and negative, that have accompanied chemical use in the situation that cued the craving.

"Thinking it through" involves examining a number of past chemical use episodes which produced negative results. The person asks him or herself a number of questions about the difference between what was expected from chemical use in each of these situations and what actually happened. This is necessary as cravings seem to be a trick the person's memory is playing on him or her.

Stress and Relaxation

The chemical misuser is usually not a very good stress manager. His or her chemical misuse often is part of or the only stress response mechanism. Stress is a generalized body and mind response which is activated when a person judges a specific situation, event or condition he or she is facing as being beyond one's coping resources and the inability to cope will threaten one's well-being.

Stress is commonly experienced in situations which demand change and extra effort. Remaining off chemicals and getting the rest of one's life going demands many changes in all areas of a person's life and much extra effort. The newly abstinent chemical misuser experiences a great deal of stress in recovery which is added to whatever coping inadequacies he or she may have already had. High levels of stress are frequently associated with breakdowns in the commitment to remain off alcohol and drugs.

In this session the participant learns something about the nature of the human stress response, its role in chemical use and the necessity to learn how to control it for recovery. He or she learns which aspects of it can be controlled and which are "automatic."

Two specific techniques for reducing accumulated stress are taught. These were chosen from the great array of meditation, biofeedback and other relaxation techniques available because of their ease of learning and not requiring any specific location or apparatus to carry them out. This makes them very portable and applicable in a wide range of everyday stressor situations.

The first technique is deep muscle relaxation. Physical tension is one of the outcomes of the human stress response, along with elevated heart and respiration rates and a host of

individually experienced "symptoms." By deliberately tensing an already tense muscle and suddenly releasing the extra tension, the muscle "springs" to relaxation; it begins to feel warmer and heavier than it had when tense. The participant is taught to tense and relax all the major muscle groups throughout the body. He or she is encouraged to go through the process of tensing and relaxing these major muscle systems twice a day to dissipate the stress that accumulated with the hassles of everyday life. Such twice daily practice develops a habit of evoking the relaxation response whenever any muscle group is tense, allowing the person to relax him or herself literally any place in any circumstances.

The second technique, taught both to enhance the deep muscle relaxation technique or to provide a quick stress break, is known as the "Calm Scene." This is a visualization technique in which the participant creates in his or her mind's eye a real or imaginary image of a peaceful and serene setting. This technique helps to avoid distraction during the muscle relaxation process and deepens the level of relaxation experienced. The participant is "walked through" a guided images exercise consisting of a walk-in-the-woods scenario.

After the visualization exercise, the client is given some guidelines for putting together a specific and personal calm scene image.

In order to encourage the participant to continue to practice relaxation skills and to help measure the extent of his or her ability to relax, he or she is taught to take a pulse reading both before and after doing the relaxation exercise and to record it on a sheet provided. After a few days regular practice, a significant downward drop in the before and after pulse rates can be detected.

To conclude the session, other physical types of relaxation and stress reduction are discussed.

Controlling Upsetting Emotions

The main attraction of mood-altering chemicals is their ability to quickly produce moods different from, and usually preferable to, the user's current emotional state. He or she can enhance already positive emotions, or suppress or even change negative ones such as anger, anxiety, guilt, shame, loneliness, shyness, sadness, boredom, resentment and maybe others. They can help the user get through a bad day, forgetting an argument or other conflict with a friend or to relieve boredom or other sources of stress.

Once a chemical misuser decides to remain off alcohol and drugs, suppressed emotions quickly emerge, often augmented intensity due to the hypersensitivity of the drug-free nervous system and still upset neurotransmitter balance. He or she is left with no resources to regulate or reduce this emotional energy. High levels of negative emotional states are the most common reason for the breakdown of the commitment to remain off alcohol and drugs.

In this session, the relationship between events, beliefs and emotions and behaviour is examined. The participant learns that it is the beliefs held about events and situations he or she experiences and not the situation itself which produce the emotional response. Thus, using alcohol or other drugs to change emotions is only a temporary measure at best and to really learn how to regulate and change emotions, he or she needs to learn how to change thinking. Chemical use may impair thinking, but it does not change the ideas that are in there in the first place.

Two kinds of beliefs are discussed; "realistic beliefs," for which there is objective evidence in the world, and "unrealistic beliefs," which are based on wishful thinking or unrealistic demands and expectations and for which no objective evidence is available. The class learns how to distinguish one from the other. Unrealistic beliefs are usually behind strong, long-lasting negative emotions and responses to problems and situations that seem to make them worse. Methods for identifying unrealistic beliefs are shown and a number of unrealistic belief systems are examined. The development of more realistic beliefs is presented. Common unrealistic beliefs about future chemical uses are used as examples in producing more realistic beliefs about remaining off alcohol and drugs.

Social Support for Recovery

The newly abstinent chemically dependent person has two groups of people who can be influential in both active chemical use and in remaining off alcohol and drugs. There are: (1) the people he or she is close to emotionally, and (2) those with whom he or she spends a lot of time. The influence of each group can be helpful to future recovery or detrimental to it. It is in the participant's best interest that he or she work toward making sure that their influence is for the better.

It is likely that those to whom the chemical misuser has been emotionally close included those who were trying to control his or her drinking or drug use and life during the active use phase. They tried to "rescue" the user and assumed many of his or her responsibilities including those for the negative fallout of the chemical misuse. They likely developed a very set habit of "managing" the now recovering person and may continue to do so now that he or she is remaining off alcohol and drugs to his or her increasing resentment. It is necessary that the recovering person be able to ask well-intentioned, but ill-informed "helpers" to stop certain of their behaviours and to begin specific different and more helpful ones. Chemical misusers are not very good at standing up and speaking out for themselves, it was so much easier just to "drown their anger" or its chemical equivalent.

The session begins with a lecturette on the interpersonal dynamics of chemical misuse and how others are affected by it. Most of the rest of the session consists of brainstorming, first of all, what sorts of things the participant would like the people he or she knows to stop saying or doing in regard to his or her remaining off alcohol and drugs, and secondly, what sorts of things would he or she prefer they do instead.

Commonly mentioned "stop" items include: nagging, criticizing, giving advice that hasn't been asked for, checking up, bringing up the past and making jokes about recovery. "Start" items include focusing on the present, recognizing progress and learning more about chemical dependency and recovery.

Following the brainstorming, the participant completes a desk form where he or she lists specific people and what he or she could ask them to start doing and stop doing.

Next a format for asking others to change their behaviour is presented. This involves describing the undesirable behaviour and how the person feels when it is carried out, asking for a specific change, suggesting several alternatives and suggesting positive consequences for complying with the request. The clients then complete a "script" for asking one of the people they listed earlier to make the indicated changes.

Finally, strategies for dealing with persistent offers of alcoholic beverages and other drugs are presented. These involve not giving reasons or excuses for one's decision to remain off alcohol and drugs, changing the subject and offering alternatives. The development of a "one liner" response to use as a "broken record" against persistent offers is presented.

The application of other techniques covered in other R.O.A.D. Program sessions to these situations is reviewed, especially the use of relaxation skills and the use of realistic thinking.

Relapse Prevention

The possibility of the breakdown of the original intention to remain off alcohol and drugs and of future chemical misuse cannot be ignored by the abstinent chemical misuser. Poor decision making, pressure, stress and many other factors can nudge the recovering person off the recovery track and toward possible chemical use or the development of substitute negative dependencies when sobriety loses its priority.

Chemical use following a period of voluntarily remaining off alcohol and drugs usually does not happen "out of the blue." It is generally preceded by a series of identifiable "early warning signs" as the person gradually lets go of recovery supportive activities and his or her behaviour and attitude come more to resemble those of active use. When the recovering person becomes aware of these early warning signs and knows how to monitor him or herself on a regular basis, the risk of chemical use is reduced. He or she learns to do this in this session of the R.O.A.D. Program.

The session opens with an overview of the recovery process, of moving from the decision to remain off alcohol and drugs to the achievement of the person's sobriety goals. The participant is reminded that recovery consists of two separate but related priorities:

(1) remaining off alcohol and drugs--no matter what! and (2) getting the rest of life going. Moving toward chemical use generally starts with the making of decisions to make changes in ones recovery plan, usually without telling anyone. While on the surface these may not appear to have anything to do with any possible future use, they initiate a detour off the recovery path.

The participant learns of the changes in behaviour, thoughts, attitudes and emotions which might signal such a shift as well as other early warning signs. If these early warning signs are ignored, the person tends then to begin to experience cravings to use again and gradually drifts back into his or her old "hot spots," those people, places and activities associated with his or her former use pattern. The participant then identifies on a desk sheet, his or her "hot spots." The process for developing a plan of action for dealing with specific hot spots is presented. A brainstorming exercise for handling a specific high risk situation is conducted.

Finally, an emergency response procedure for dealing with a return to chemical use is examined. This involved a process, which if employed very early in the use episode, can stop it quickly and avoid continued use and a full relapse to the former pattern. This process involves the learning of a number of coping statements to replace the self-defeating ones which tend to prevail when a person realizes they have broken their commitment to themselves to remain off alcohol and drugs.

Conclusion

The R.O.A.D. Program has been offered for about three years and on the basis of the numbers of people who attend its sessions, is a very popular format for delivering services. This is especially true for offering information and skills for dealing with specific and concrete problems currently existing which are widely shared among the newly abstinent client population.

Sooner or later, all recovering persons have to learn the skills to remain off alcohol and drugs in order to meet the abstinence requirement for whichever modes of therapy they become involved with in the course of long-term recovery.

The R.O.A.D. Program has led to an interest in the development of a sequential outpatient program with different sections addressing the specific and commonly shared problems which arise in the middle and later stages of recovery.

On a more prosaic, if contemporary, note, the R.O.A.D. Program is a cheap method to provide client services.

It also provides an opportunity for individuals who are reluctant to present themselves for more traditional types of chemical dependency treatment programs and who might

otherwise postpone any involvement until their chemical misuse progressed much further. The R.O.A.D. Program requires no self-labelling or "admitting" anything or committing oneself to anything. As the program is offered in its "home port," it is "open to all comers" and many clients drop in who are not registered with any program. They come, they learn, they leave.

And, the participants have not all been chemically dependent. It has been attended by several compulsive gamblers, a couple of people with eating disorders and some folks who wanted to learn about stress management and relaxation. There was also one lady who had been attending a large number of self-help groups, adult children groups, battered women groups, and seeing a psychiatrist about her drinking problem. She told me, there she learned why she drank the way she did, and who to blame it on. "All I wanted to do was learn how to stay off alcohol and drugs. And I finally learned that at the R.O.A.D. Program."

Peter Hughes Dunphy, B.A., M.A.

April 15, 1991